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# Experiences of home and institution in a secured nursing home ward in the Netherlands: A participatory intervention study

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ABSTRACT

Nursing homes have been criticised for not providing a home for their residents. This article aims to provide insight into (1) the features of home and institution as experienced by residents and caregivers of a secured ward in a nursing home, and (2) how interventions implemented on the ward can contribute to a more home-like environment. For this purpose, a participatory intervention study, involving both caregivers and residents, was carried out. We collected data through qualitative research methods: observations, in-depth interviews and diaries to evaluate the interventions over time. We adopted an informed grounded theory approach, and used conceptualisations of total institutions and home as a theoretical lens. We found that the studied ward had strong characteristics of a total institution, such as batch living, block treatment and limited privacy. To increase the sense of home, interventions were formulated and implemented by the caregivers to increase the residents' autonomy, control and privacy. In this process, caregivers' perceptions and attitudes towards the provision of care shifted from task-oriented to person-centred care. We conclude that it is possible to increase the home-like character of a secured ward by introducing core values of home by means of interventions involving both caregivers and residents.

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## Introduction

Both the meaning and experience of home change over the life course. The home becomes ever more significant in the everyday lives of many older adults, especially those with constrained mobility or chronic illness (Dyck, Kontos, Angus, & McKeever, 2005; Sixsmith et al., 2014). The importance of home is reflected in the wish of many older adults to 'age in place' – to live and eventually die in their own home. Ageing in place enables older adults to maintain relatively high levels of independence and autonomy, and a social network. Current policy in the Netherlands supports older people's wish to remain in their own dwelling or community rather than to move into residential care. This also reduces costs of institutional care (Kamerbrief over langer zelfstandig wonen, 2014). However, people with physical and mental problems, such as dementia, most often reside in nursing homes (Nakrem, Vinsnes, Harkless, Paulsen, & Seim, 2012). Nursing homes are often criticised for not providing a home-like environment (Miller et al., 2013). This can be explained, at least in part, by the fact that they have been developed within a medical model, resembling hospitals rather than a home (Hauge & Heggen, 2007). Care is provided as efficiently as possible to accommodate large numbers of people, and so nursing homes typically lack certain core qualities of home such as control, autonomy, choice, privacy and self-determination (Cooney, 2012; Custers, Westerhof, Kuin, Gerritsen, & Riksen-Walraven, 2012; Granbom et al., 2014; Kasser & Ryan, 1999; Persson & Wasterfors, 2009; Stabell, Eide, Solheim, Solberg, & Rustoen, 2004). As a result, it is difficult for many older adults to make themselves 'at home' in a nursing home (Granbom et al., 2014; Shin, 2014). Several studies have found that the core qualities of home are positively

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linked to the well-being of older people, including those in long-term care settings (Boyle, 2008; Cooney, 2012; Sixsmith et al., 2014). This suggests that feeling at home can enhance the well-being of older adults in long-term care (Cooney, 2012).

McCormack (2003, cited in O'Dwyer, 2013) argued that caregivers should attempt to understand their clients' key-values in life, in order to provide meaningful care. Caregiver and care recipient are thus to engage in a meaningful relationship in which the caregiver provides both practical and personal support. Through such meaningful support, person-centred care could contribute to an increased sense of home for nursing home residents. Person-centred care means listening to and respecting residents' needs, as well as showing genuine interest in and openness towards them. Brownie and Nancarrow (2013) wrote that "person-centred approaches to aged care should create the conditions for older people to participate in meaningful lives, and potentially improve their well-being" (p. 7). Hence, caregivers can play a key-role in facilitating and hindering the sense of home that residents experience in a nursing home setting. Harnett (2010) demonstrated in an ethnographic study that a routine culture in nursing homes tends to be reproduced through both staff and resident compliance. She found that it was very difficult for residents to achieve exemptions from nursing home routines, especially when these exemptions implied a disruption or disturbance to the caregivers' activities.

We conducted a participatory interventions study on feeling at home in a nursing home setting, in which both the caregivers and residents were involved. In the study, the perspectives of both residents and caregivers on daily life on the ward were analysed first. Subsequently interventions to increase its home-like character were discussed, implemented and monitored in close collaboration between the researchers and caregivers. This article aims to gain insight into (1) features of home and institution as experienced by the residents and caregivers of a secured ward in a nursing home in the north of the Netherlands, and (2) how interventions on the ward can contribute to a more home-like environment.

## Framing the analysis: (lack of) aspects of home within institutional care settings

### *Nursing homes as total institutions*

Two seminal works published in the 1960s have shaped our thinking on home and institutions: *Asylums* by Erving Goffman (1961) and *The last refuge* by Peter Townsend (1962). Goffman (1961) developed a theory of 'total institutions', which he defined as places 'of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life' (p. xiii). Based on his ethnographic study of mental hospitals, Goffman argued that 'total institutions' are characterised by 'block treatment' in which each phase of daily life is tightly scheduled, with one activity leading at a prearranged time into the next. It is enforced by a responsible authority, typically the management of the institution, and imposed through a system of explicit formal rules. Each phase is carried out in the immediate company of a large batch of others, all of whom are treated alike and required to do the same activities at the same place and time. This is called 'batch living'. It also enforces a strict distinction between residents and staff. Although Goffman did not explicitly discuss nursing homes as total institutions, other authors have done so (Clark & Bowling, 1990; van der Horst, 2004).

Peter Townsend studied residential care for older people in England and Wales, and his findings resemble the total institution defined by Goffman. He described how people who reside in residential care live an isolated life, with limited mobility and access to society. Residents submit to orderly routines, with a lack of creative occupation and little opportunity to exercise self-determination (Townsend, 1962). Goffmann and Townsend both criticised the routinisation and depersonalisation of institutional life which result from both block treatment and batch living (Higgins, 1989).

### *Block treatment*

In the follow-up study, *Revisiting 'The Last Refuge'*, Johnson, Rolph, and Smith (2010) found that nearly 50 years after Townsend's study not much had changed in residential care, especially with regard to block treatment: the routinisation of everyday life and lack of autonomy for residents. Overall, life in institutional nursing homes follows a set routine prescribed by the organisation, in which residents lack personal choice, privacy and dignity (Ragsdale & Mcdougall, 2008). Other recent studies have also reported characteristics of total institutions in nursing homes: care is routinised and residents have little control over their day, such as whether or not to have a bath and when to get up in the morning, which constrains their autonomy (Cooney, 2012; Harnett, 2010; Persson & Wasterfors, 2009).

Tension exists between the institutional routines and the residents' personal desires. Cooney (2012) showed that nursing home residents tried to maintain continuity by performing their normal activities and day-to-day rituals as they did before being admitted to the nursing home. However, the institutional routines that were task- and scheduled-oriented, rather than person-oriented, hindered residents from achieving this and made them less independent. Residents who needed help getting up in the morning and into bed in the evening, in particular, were dependent on the staff's routines (Nakrem et al., 2012).

Routines and regulations are part of a nursing home culture which aims to avoid risks of poor quality of care and neglect (Cohen-Mansfield et al., 1995; Persson & Wasterfors, 2009). However, such rules and regulations constrain development towards person-centred homes with more individual choice and autonomy (Miller et al., 2013). Higgins (1989) found that the prevailing culture in nursing homes is paternalistic and overprotective. In nursing home environments, all normal risks are blocked out and residents are protected to a level that would never be achieved at home. In order to allow residents autonomy, staff need to give up some of their own power and control and move towards risk management, that is, incurring an element of calculated risk, rather than risk avoidance (Bland, 1999). However, many nursing homes are still very much concerned with providing a safe environment for their patients (Thomas et al., 2012). This is in itself a laudable aim, but could be taken too far, creating a care environment that is guided by rules and bureaucracy, which carries its own risks. Ulsperger and Knottnerus (2008) found that bureaucracy in a nursing home context can lead to the development of rituals that facilitate physical neglect.

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